Complete Summary

GUIDELINE TITLE

Prevention of constipation in the older adult population.

BIBLIOGRAPHIC SOURCE(S)

Registered Nurses Association of Ontario (RNAO). Prevention of constipation in the older adult population. Toronto (ON): Registered Nurses Association of Ontario (RNAO); 2005 Mar. 56 p. [69 references]

GUIDELINE STATUS

This is the current release of the guideline.

This guideline updates a previous version: Registered Nurses Association of Ontario (RNAO). Prevention of constipation in the older adult population. Toronto (ON): Registered Nurses Association of Ontario (RNAO); 2002 Jan. 38 p.

COMPLETE SUMMARY CONTENT

SCOPE

DISEASE/CONDITION(S)

Constipation

GUIDELINE CATEGORY

Evaluation
Prevention
Risk Assessment

CLINICAL SPECIALTY

Family Practice
Geriatrics
Internal Medicine
Nursing
Preventive Medicine

INTENDED USERS

Advanced Practice Nurses
Nurses

GUIDELINE OBJECTIVE(S)

- Overall, to present evidence-based nursing best practice guidelines for the prevention of constipation in older adults
- To reduce the frequency and severity of constipation among older adults
- To help older adults achieve and maintain a pattern of normal bowel elimination to prevent constipation, decrease the use of laxatives, and improve the quality of life

TARGET POPULATION

Older adults from all areas of clinical practice, including acute care, community care and long-term care

These guidelines are <u>not</u> intended for those persons with medical conditions for whom a restricted fluid intake is prescribed, nor for those who receive enteral feedings, nor for those who are palliative or receiving narcotic analgesics. It should be used with caution with clients who drink less than 1.5 litres of fluid a day, or for those with a neurogenic bowel disorder (lower motor neuron disease).

INTERVENTIONS AND PRACTICES CONSIDERED

Evaluation/Risk Assessment

1. Assessment of constipation through client history (dietary, medical, surgical)
2. Review of client's medication
3. Screening for risks of polypharmacy
4. Evaluation of cognitive and functional ability
5. Physical assessment of abdomen and rectum
6. Assessment of bowel pattern through the use of a 7-day bowel record/diary

Prevention

1. Dietary considerations (fluid and fibre intake)
2. Consultation with dietician as needed
3. Toileting consistency and squat positioning
4. Physical activity

5. Evaluation of client response to interventions and the need for on-going interventions using bowel record
6. Education on bowel health and ways to reduce constipation
7. Educational and contextual approaches and strategies

MAJOR OUTCOMES CONSIDERED

- Frequency and severity of constipation among older adults
- Effectiveness of interventions (such as nutrition, hydration, and physical activity) in preventing constipation
- Laxative use
- Quality of life

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Hand-searches of Published Literature (Primary Sources)
Searches of Electronic Databases
Searches of Unpublished Data

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Original Guideline: January 2002

In January 2000, a panel of nurses with expertise in practice and research related to constipation and urinary incontinence was established by the Registered Nurses Association of Ontario (RNAO).

The panel searched for published best practice guidelines on preventing constipation. An initial screening was conducted with the following criteria:

- Guideline was in English.
- Guideline was dated no earlier than 1995.
- Guideline was strictly about the topic area.
- Guideline was evidence based (e.g., contained references, description of evidence, sources of evidence).
- Complete guideline was available and accessible for retrieval.

The guidelines were evaluated using the Appraisal Instrument for Canadian Clinical Practice Guidelines, an adapted tool from Cluzeau, Littlejohns, Grimshaw, Feder & Moran (1997). The panel subsequently identified three guidelines for use as foundation documents.

A systematic review of pertinent literature was conducted to update the evidence related to prevention of constipation.

Update: March 2005

A database search for existing evidence related to prevention of constipation was conducted by a university health sciences library. An initial search of the Medline, Embase, and CINAHL databases for guidelines and studies published from 2001 to 2004 was conducted in August 2004. This search was structured to answer the following clinical questions:

- What are the contributing factors or predictors of constipation in the elderly population?
- How effective are the following in the prevention of constipation:
    - dietary fibre/nutrition
    - fluid intake/hydration
    - physical activity/exercise/walking
- What are successful strategies when implementing educational program for promoting bowel health?
- Does regular consistent toileting each day based on client's triggering meal prevent constipation?
- What supports are needed to allow for successful implementation of bowel and training program?
- How can nurses and other health care providers be educated about constipation prevention and management?
- What should the education program entail?

Detailed search strings developed to address these questions are available on the Registered Nurses Association of Ontario (RNAO) Web site at www.rnao.org/bestpractices.

One individual searched an established list of Web sites for content related to the topic area in July 2004. This list of sites, reviewed and updated in May 2004, was compiled based on existing knowledge of evidence-based practice Web sites, known guideline developers, and recommendations from the literature. Presence or absence of guidelines was noted for each site searched as well as date searched. The Web sites at times did not house a guideline but directed to another Web site or source for guideline retrieval. Guidelines were either downloaded if full versions were available or were ordered by phone/e-mail.

A Web site search for existing practice guidelines on prevention of constipation was conducted via the search engine "Google", using key search terms. One individual conducted this search, noting the results of the search, the Web sites reviewed, date, and a summary of the results. The search results were further reviewed by a second individual who identified guidelines and literature not previously retrieved.

Additionally, panel members were asked to review personal archives to identify guidelines not previously found through the above search strategy. Results of this strategy revealed no additional clinical practice guidelines.

The search strategy described above resulted in the retrieval of 409 abstracts on the topic of constipation. These abstracts were then screened by a Research Assistant related to inclusion/exclusion criteria. A total of 35 abstracts were identified for article retrieval and quality appraisal. The quality appraisal was conducted by a Masters prepared nurse with expertise in critical appraisal. The tool used to conduct this work was one developed by the Effective Public Health

Practice Project (EPHPP) for appraising quantitative studies. In addition, three recently published clinical practice guidelines were identified for review.

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Weighting According to a Rating Scheme (Scheme Given)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Ia Evidence obtained from meta-analysis or systematic review of randomized controlled trials

Ib Evidence obtained from at least one randomized controlled trial

IIa Evidence obtained from at least one well-designed controlled study without randomization

IIb Evidence obtained from at least one other type of well-designed quasi-experimental study, without randomization

III Evidence obtained from well-designed non-experimental descriptive studies, such as comparative studies, correlation studies, and case studies

IV Evidence obtained from expert committee reports or opinions and/or clinical experiences of respected authorities

METHODS USED TO ANALYZE THE EVIDENCE

Systematic Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

Original Guideline: January 2000

A panel of nurses with expertise in the practice and research related to constipation and urinary incontinence was established by Registered Nurses

Association of Ontario (RNAO). The panel searched for published best practice guidelines on preventing constipation. It is recognized that recommendations related to preventing constipation lack a strong research base. Through a process of consensus and expert opinion, the guideline was developed.

Update: March, 2005

In September of 2004, a panel of nurses with expertise in constipation from a range of practice settings (including institutional, community and academic sectors) was convened by the RNAO. This group was invited to participate as a review panel to revise the Prevention of Constipation in the Older Adult Population guideline that was originally published in January 2002. This panel was comprised of members of the original development panel, as well as other recommended specialists. The panel members were given the mandate to review the guideline, focusing on the currency of the recommendations and evidence, keeping to the original scope of the document.

Through a process of discussion and consensus, recommendations for revision to the guideline were identified.

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A published cost analysis was reviewed.

METHOD OF GUIDELINE VALIDATION

Clinical Validation-Pilot Testing
External Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Original Guideline: January 2000

Various stakeholder groups, including consumers, staff nurses, physicians, dietitians, and health care administrators reviewed the draft guideline, and a list of those stakeholders is included in the front of the original guideline document. This guideline was further refined after a six month pilot implementation phase in selected practice settings, which were identified through a "request for proposal" process.

Update: March 2005

Not stated

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

The levels of evidence supporting the recommendations (Ia, Ib, IIa, IIb, III, IV) are defined at the end of the "Major Recommendations" field.

Practice Recommendations

Recommendation 1.0

Assess constipation by obtaining a client history.

(Level of Evidence = IV)

Recommendation 2.0

Obtain information regarding:

- Usual amount and type of daily fluid intake with particular attention to the amount of caffeine and alcohol
- Usual dietary fibre and amount of food ingested
- Any relevant medical or surgical history which may be related to constipation such as neurologic disorders, diabetes, hypothyroidism, chronic renal failure, hemorrhoids, fissures, diverticular disease, irritable bowel syndrome, previous bowel surgery, depression, dementia or acute confusion

(Level of Evidence = IV)

Recommendation 3.0

Review the client's medications to identify those associated with an increased risk for developing constipation, including chronic laxative use and history of laxative use.

(Level of Evidence = III)

Recommendation 3.1

Screen for risks of polypharmacy, including duplication of both prescription and over-the-counter drugs and their adverse effects.

(Level of Evidence = III)

Recommendation 4.0

Identify the client's functional abilities related to mobility, eating, and drinking, and cognitive status related to abilities to communicate needs and follow simple instructions.

(Level of Evidence = III)

Recommendation 5.0

Conduct a physical assessment of the abdomen and rectum. Assess for abdominal muscle strength, bowel sounds, abdominal mass, constipation/fecal impaction, hemorrhoids, and intact anal reflex.

(Level of Evidence = IV)

Recommendation 6.0

Prior to initiating the constipation protocol, identify bowel pattern (frequency and character of stool, usual time of bowel movement), episodes of constipation and/or fecal incontinence/soiling, usual fluid and food intake (type of fluids and amounts), and toileting method through use of a 7-day bowel record/diary.

(Level of Evidence = IV)

Recommendation 7.0

Fluid intake should be between 1,500 and 2,000 milliliters (ml) per day. Encourage client to take sips of fluid throughout the day and whenever possible minimize caffeinated and alcoholic beverages.

(Level of Evidence = III)

Recommendation 8.0

Dietary fibre intake should be from 25 to 30 grams of dietary fibre per day. Dietary intake of fibre should be gradually increased once the client has a consistent fluid intake of 1,500 ml per 24 hours. Consultation with a dietitian is highly recommended.

(Level of Evidence = III)

Recommendation 9.0

Promote regular consistent toileting each day based on the client's triggering meal. Safeguard the client's visual and auditory privacy when toileting.

(Level of Evidence = III)

Recommendation 9.1

A squat position should be used to facilitate the defecation process. For clients who are unable to use the toilet (e.g., bed-bound) simulate the squat position by placing the client in left-side lying position while bending the knees and moving the legs toward the abdomen.

(Level of Evidence = III)

Recommendation 10.0

Physical activity should be tailored to the individual's physical abilities, health condition, personal preference, and feasibility to ensure adherence. Frequency, intensity, and duration of exercise should be based on client's tolerance.

(Level of Evidence = IV)

Recommendation 10.1

Walking is recommended for individuals who are fully mobile or who have limited mobility (15 to 20 minutes once or twice a day; 30 to 60 minutes daily or 3 to 5 times per week). Ambulating at least 50 feet twice a day is recommended for individuals with limited mobility.

(Level of Evidence = IV)

Recommendation 10.2

For persons unable to walk or who are restricted to bed, exercises such as pelvic tilt, low trunk rotation, and single leg lifts are recommended.

(Level of Evidence = IV)

Recommendation 11.0

Evaluate client response and the need for on-going interventions, through the use of a bowel record that shows frequency, character, and amount of bowel movement pattern, episodes of constipation/fecal soiling, and use of laxative interventions (oral and rectal). Evaluate client satisfaction with bowel patterns, and client perception of goal achievement related to bowel patterns.

(Level of Evidence = IV)

Education Recommendations

Recommendation 12.0

Comprehensive education programs aimed at reducing constipation and promoting bowel health should be organized and delivered by a nurse with an interest in or advanced preparation in continence promotion (e.g., Nurse Continence Advisor, Clinical Nurse Specialist, Nurse Clinician). These programs should be aimed at all levels of health care provider, clients, and family/caregivers. To evaluate the effectiveness of the constipation program, built in evaluation mechanisms such as quality assurance and audits should be included in the planning process.

(Level of Evidence = IV)

Organization and Policy Recommendations

Recommendation 13.0

Organizations are encouraged to establish an interdisciplinary team approach to prevent and manage constipation.

(Level of Evidence = IV)

Recommendation 14.0

Nursing best practice guidelines can be effectively implemented only where there are adequate planning, resources, organizational and administrative support, as well as the appropriate facilitation of the change process by skilled facilitators. The implementation of the guideline must take into account local circumstances and should be disseminated through an active educational and training program. In this regard, Registered Nurses Association of Ontario (RNAO) (through a panel of nurses, researchers, and administrators) has developed the Toolkit: Implementation of Clinical Practice Guidelines, based on available evidence, theoretical perspectives, and consensus. The Toolkit is recommended for guiding the implementation of the Registered Nurses Association of Ontario Nursing Best Practice Guideline Prevention of Constipation in the Older Adult Population.

(Level of Evidence = IV)

Definitions:

Levels of Evidence

Ia Evidence obtained from meta-analysis or systematic review of randomized controlled trials

Ib Evidence obtained from at least one randomized controlled trial

IIa Evidence obtained from at least one well-designed controlled study without randomization

IIb Evidence obtained from at least one other type of well-designed quasi-experimental study, without randomization

III Evidence obtained from well-designed non-experimental descriptive studies, such as comparative studies, correlation studies, and case studies

IV Evidence obtained from expert committee reports or opinions and/or clinical experiences of respected authorities

CLINICAL ALGORITHM(S)

An algorithm is provided in Appendix B of the original guideline document for the prevention of constipation.

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is identified and graded for each recommendation (see "Major Recommendations").

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Guideline implementation will provide the following general benefits:

- Reduced frequency and severity of constipation among older adults
- Normal bowel elimination to prevent constipation, decrease the use of laxatives, and improve the quality of life among older adults
- Timely and appropriate nursing care for older adults with episodes of acute constipation

Nurses, other health care professionals and administrators who are leading and facilitating practice changes will find this document valuable for the development of policies, procedures, protocols, educational programs, assessment, and documentation tools, etc.

POTENTIAL HARMS

Although increasing dietary fibre may improve stool size and consistency, immobile persons may have difficulty expelling stool. They may also experience rectal stool retention and fecal incontinence, if there is no opportunity or capacity to increase toileting for them.

CONTRAINDICATIONS

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A high fibre diet is contraindicated in immobile persons (bedridden) or persons who do not consume at least 1.5 L of fluids/day.

QUALIFYING STATEMENTS

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- These best practice guidelines are related only to nursing practice and not intended to take into account fiscal efficiencies. These guidelines are not binding for nurses and their use should be flexible to accommodate client/family wishes and local circumstances. They neither constitute a liability nor discharge from liability. While every effort has been made to ensure the accuracy of the contents at the time of publication, neither the authors nor Registered Nurses Association of Ontario (RNAO) give any guarantee as to the

accuracy of the information contained in them nor accept any liability, with respect to loss, damage, injury, or expense arising from any such errors or omission in the contents of this work. Any reference throughout the document to specific pharmaceutical products as examples does not imply endorsement of any of these products.

- This nursing best practice guideline is a comprehensive document providing resources necessary for the support of evidence-based nursing practice. The document needs to be reviewed and applied, based on the specific needs of the organization or practice setting/environment, as well as the needs and wishes of the client. Guidelines should not be applied in a "cookbook" fashion but used as a tool to assist in decision making for individualized client care, as well as ensuring that appropriate structures and supports are in place to provide the best possible care.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

Toolkit: Implementing Clinical Practice Guidelines

Best practice guidelines can only be successfully implemented if there are: adequate planning, resources, organizational, and administrative support as well as the appropriate facilitation. Registered Nurses Association of Ontario (RNAO), through a panel of nurses, researchers, and administrators has developed the Toolkit: Implementation of Clinical Practice Guidelines based on available evidence, theoretical perspectives, and consensus. The Toolkit is recommended for guiding the implementation of any clinical practice guideline in a health care organization.

The Toolkit provides step-by-step directions to individuals and groups involved in planning, coordinating, and facilitating the guideline implementation. Specifically, the Toolkit addresses the following key steps in implementing a guideline:

1. Identifying a well-developed, evidence-based clinical practice guideline
2. Identification, assessment and engagement of stakeholders
3. Assessment of environmental readiness for guideline implementation
4. Identifying and planning evidence-based implementation strategies
5. Planning and implementing evaluation
6. Identifying and securing required resources for implementation

Implementing guidelines in practice that result in successful practice changes and positive clinical impact is a complex undertaking. The Toolkit is one key resource for managing this process.

Evaluation and Monitoring

Organizations implementing the recommendations in this nursing best practice guideline are encouraged to consider how the implementation and its impact will be monitored and evaluated. A table found in the original guideline document, based on a framework outlined in the Registered Nurses Association of Ontario

(RNAO) Toolkit: Implementation of Clinical Practice Guidelines (2002) illustrates some indicators for monitoring and evaluation.

Implementation Strategies

The RNAO and the guideline revision panel have compiled a list of implementation strategies to assist health care organizations or health care disciplines who are interested in implementing this guideline. A summary of these strategies can be found in the original guideline document.

IMPLEMENTATION TOOLS

Chart Documentation/Checklists/Forms
Clinical Algorithm
Foreign Language Translations
Patient Resources
Quick Reference Guides/Physician Guides
Tool Kits

For information about availability, see the "Availability of Companion Documents" and "Patient Resources" fields below.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

Registered Nurses Association of Ontario (RNAO). Prevention of constipation in the older adult population. Toronto (ON): Registered Nurses Association of Ontario (RNAO); 2005 Mar. 56 p. [69 references]

ADAPTATION

The Registered Nurses Association of Ontario panel identified the following guidelines to adapt and modify for the current guideline:

Original Guideline: January 2002

- Hert, M. & Huseboe, J. (1996). Guideline -- Management of constipation. Research-based protocol. University of Iowa Gerontological Nursing Interventions Research Centre, Research Dissemination Core.
- Mentes, J. C. (1998). Iowa Guideline -- Hydration management. Research based protocol. University of Iowa Gerontological Nursing Interventions Research Centre, Research Dissemination Core.
- Sisters of Charity of Ottawa Health Services -- Nursing Services (1996). Clinical practice guidelines: Bowel hygiene. Ottawa, Canada: Sisters of Charity Ottawa Health Services.

Update: March, 2005

- Folden, S., Backer, J. H., Maynard, F., Stevens, K., Gilbride, J. A., Pires, M., & Jones, K. (2002). Practice guidelines for the management of constipation in adults. Rehabilitation Nursing Foundation [Electronic version].
- Hinrichs, M. & Huseboe, J. (2001). Management of constipation evidence-based protocol. In M. G. Titler (Series Ed.), Series on Evidence-Based Practice for Older Adults, Iowa City, IA: The University of Iowa College of Nursing Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core.
- Mentes, J. C. & The Iowa Veterans Affairs Nursing Research Consortium (2004). Evidence-based protocol: Hydration management. In M. G. Titler (Series Ed.), Series on Evidence-Based Practice for Older Adults. Iowa City, IA: The University of Iowa College of Nursing Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core.

DATE RELEASED

2002 Jan (revised 2005 Mar)

GUIDELINE DEVELOPER(S)

Registered Nurses Association of Ontario - Professional Association

SOURCE(S) OF FUNDING

Funding was provided by the Ontario Ministry of Health and Long Term Care.

GUIDELINE COMMITTEE

Not stated

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

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FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Declaration of interest and confidentiality were made by all members of the guideline revision panel. Further details are available from the Registered Nurses Association of Ontario.

GUIDELINE STATUS

This is the current release of the guideline.

This guideline updates a previous version: Registered Nurses Association of Ontario (RNAO). Prevention of constipation in the older adult population. Toronto (ON): Registered Nurses Association of Ontario (RNAO); 2002 Jan. 38 p.

GUIDELINE AVAILABILITY

Electronic copies: Available in Portable Document Format (PDF) from the Registered Nurses Association of Ontario (RNAO) Web site.

Print copies: Available from the Registered Nurses Association of Ontario (RNAO), Nursing Best Practice Guidelines Project, 158 Pearl Street, Toronto, Ontario M5H 1L3.

AVAILABILITY OF COMPANION DOCUMENTS

The following are available:

- Summary of recommendations. Prevention of constipation in the older adult population. Toronto (ON): Registered Nurses Association of Ontario (RNAO); 2005 Mar. 3 p. Electronic copies: Available in Portable Document Format (PDF) from the Registered Nurses Association of Ontario (RNAO) Web site.
- Toolkit: implementation of clinical practice guidelines. Toronto (ON): Registered Nurses Association of Ontario (RNAO); 2002 Mar. 91 p. Electronic copies: Available in Portable Document Format (PDF) from the Registered Nurses Association of Ontario (RNAO) Web site.
- Appendix C: Sample bowel elimination record. Prevention of constipation in the older adult population. Toronto (ON): Registered Nurses Association of Ontario Electronic copies: Available in Portable Document Format (PDF) from the Registered Nurses Association of Ontario (RNAO) Web site.

Print copies: Available from the Registered Nurses Association of Ontario (RNAO), Nursing Best Practice Guidelines Project, 158 Pearl Street, Toronto, Ontario M5H 1L3.

PATIENT RESOURCES

The following is available:

- Health information fact sheet. Constipation: prevention is the key. Toronto (ON): Registered Nurses Association of Ontario (RNAO); 2003 Jul. 2 p. Electronic copies: Available in Portable Document Format (PDF) from the Registered Nurses Association of Ontario (RNAO) Web site. (Copies also available in French from the RNAO Web site.)

Print copies: Available from the Registered Nurses Association of Ontario (RNAO), Nursing Best Practice Guidelines Project, 158 Pearl Street, Toronto, Ontario M5H 1L3.

Please note: This patient information is intended to provide health professionals with information to share with their patients to help them better understand their health and their diagnosed disorders. By providing access to this patient information, it is not the intention of NGC to provide specific medical advice for particular patients. Rather we urge patients and their representatives to review this material and then to consult with a licensed health professional for evaluation of treatment options suitable for them as well as for diagnosis and answers to their personal medical questions. This patient information has been derived and prepared from a guideline for health care professionals included on NGC by the authors or publishers of that original guideline. The patient information is not reviewed by NGC to establish whether or not it accurately reflects the original guideline's content.

NGC STATUS

This NGC summary was completed by ECRI on December 17, 2003. The information was verified by the guideline developer on January 16, 2004. This NGC summary was updated by ECRI on June 6, 2005. The updated information was verified by the guideline developer on June 21, 2005.

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